

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/712761
	Filing Date	11/12/2003
	First Named Inventor	Kyo Inoue
	Art Unit	2134
	Examiner Name	LIPMAN, JACOB
Total Number of Pages in This Submission	Attorney Docket Number	S02-133/US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other <i>(Specified below)</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: _____ _____ _____ _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Thomas J. McFarlane		
DATE	7/19/07	REGISTRATION NUMBER	39,299

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

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PRINTED NAME	Abigail Capulong
DATE	7/19/07

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Pl. No. : 10/712761
Conf. No. : 7395
First named inventor : Inoue, Kyo
Filing date : 11/12/2003
Title : Quantum Key Distribution System and Method Using Regulated Single-Photon Source
TC/A.U. : 2134
Examiner : LIPMAN, JACOB
Docket No. : S02-133/US
Customer No. : 30869

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

RESPONSE TO ACTION

Sir:

In response to the Office action of 6/11/2007, please reconsider the above-identified application in view of the following amendments and/or remarks.